

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

## RECEIVED CITY CLERK C & C OF HONOLULU

2010 DEC 22 PM 12: 14

## DISCLOSURE OF FINANCIAL INTERESTS PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR 2010 ■

(PRINT OR TYPE CLEARLY)

NAME	Noel T. Ono	POSITION/ELECTIVE OFFICE	Director	·
DEPAR	RTMENT/AGENCY Department of Human Resources		WORK PHONE 768-8500	
HOME	ADDRESS		HOME PHONE	
NAME	OF SPOUSE Myra S. Ono			
NAME(	S) OF DEPENDENT CHILD(REN)			
Check t	the appropriate box and fill in any applicable dates:			
$\checkmark$	INITIAL STATEMENT: Date on which you assumed office or bega You must file within twenty (20) working days after this date disclo			·
<b>V</b>	ANNUAL STATEMENT: You are required to file not later than Jar preceding year.			
	<b>LEAVING OFFICE STATEMENT:</b> You are leaving or have left you file a statement within ten (10) working days before leaving office.	r office on You must disclose financial inte	rests held during the preceding	and must calendar year.
	<b>CANDIDATE STATEMENT:</b> You must file no later than ten (10) we disclosing interests held during the calendar year preceding the during the calendar year.	orking days after the deadline for se date of the statement.	r filing as a candidate for office	
	VERIFIC	ATION		
knowie	I declare that I have used all reasonable diligence in preparing thi dge the information provided in this form is true and correct.	s form, that I have reviewed Item	Nos. 1 through 9, and to the b	est of my
	Date December 20 , 20 10			
		SignatureCvul	5 Ono	

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to yourself, your spouse, and all dependent children. All items on the form must be completed. If you have no information to disclose under a particular item, check None. If additional space is required to complete an item, check Additional sheets attached attached. Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by range of value. You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700,000 - \$799,999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600,000 - \$699,999	P. At least \$1,000,000

1.	INCOME. Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not
	limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property
	settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or
	profession need not be disclosed. Report income from rental property here.

None	Additional sheets attached
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Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
Noel Ono	City & County of Honolulu	Director	1/1-12/31/10	F
Noel Ono	HGEA/AFSCME	Retiree	1/1-12/31/10	D
Myra Ono	City & County of Honolulu	Private Secretary	1/1-12/31/10	E
Myra Ono	HGEA/AFSCME	Retiree	1/1-12/31/10	В
Noel & Myra Ono	Owner	Rental	1/1-12/31/10	В
<del></del> -				

Person(s) Incurring De	ebt Credito	or	Original	Loan Amount	,	Amount Outstanding	
Noel & Myra Ono	First Hawaiian Ba	First Hawaiian Bank  Aloha Pacific Federal Credit  Union		K G		I G	
Noel & Myra Ono							
more or equal to 10%	TERESTS IN BUSINESSES or more of ownership of buser state regulated financial instanced under this item.	sinesses incorpo	orated, regulated	d. or licensed to carry	on busin	ness in Hawaii. Do notrepor	
fund or trust is disclo							
fund or trust is disclo	Additional sheets attached						
fund or trust is disclo	Additional sheets attached  Business Name and  Address	Nature o	f Business	Percentage of Int	erest	Value of Interest	
fund or trust is disclo	Business Name and	Nature o	f Business	Percentage of Int	erest	Value of Interest	
fund or trust is disclo	Business Name and	Nature o	f Business	Percentage of Int	erest	Value of Interest	
fund or trust is disclo	Business Name and	Nature o	f Business	Percentage of Int	erest	Value of Interest	

OWNERSH licensed to	IIP OR INTERESTS carry on business in	TRANSFERR Hawaii.	RED. Only report transfe	ers or ownerships	or interests in businesses i	incorporated, regula
✓None	☐ Additional s	_	t			
Ow	nership or Interest		Date of Transfer			
		,				
<del>-</del>						
FIDUCIARY	n, whether or not op	perated for pro	ofit. Fiduciary positions	also include bei	directorships, or positions a ng a majority shareholder	s trustee in any busi in a small or close
organizatio	<ul> <li>Be sure to report fi</li> </ul>			alions.		
organizatio	. Be sure to report fi	heets attached				
organization corporation	. Be sure to report fi	heets attached		Organization	Term of Office	Annual Compensatio
organization corporation  None	Additional s	heets attached	<u> </u>	Organization	Term of Office	
organization corporation  None	Additional s	heets attached	<u> </u>	Organization	Term of Office	Annual Compensatio
organization corporation  None	Additional s	heets attached	<u> </u>	Organization	Term of Office	

Holder	Name & Address	of Business	Nature of Busi	ness	Value
		or Business	Tracaro or Buon		valuo
	,				
CLIENTS PERSONALLY R the preceding calendar yea authority and do not need to	EPRESENTED BEFORE CITY AGENT. Do not report representation involute be disclosed.	NCIES. Only report	representation for w	rhich you received o matters" do not re	ompensatio
authority and do not need to	r. Do not report representation invo	NCIES. Only report	representation for w natters. "Ministerial	rhich you received c matters" do not re	ompensatio equire discre
authority and do not need to	<ul> <li>Do not report representation involutes</li> <li>be disclosed.</li> </ul>	olving ministerial n	representation for w natters. "Ministerial	hich you received c matters" do not re	equire discre
authority and do not need to  None	r. Do not report representation involute be disclosed.  al sheets attached	olving ministerial n	natters, "Ministerial	matters" do not re	equire discre
authority and do not need to  None	r. Do not report representation involute be disclosed.  al sheets attached	olving ministerial n	natters, "Ministerial	matters" do not re	equire discre

Owner(s) oel & Myra Ono	Tax Map Ko	ey Number & Stree	t Address	Value	Year Obtained
oel & Myra Ono					<u>,</u>
,				N	1983
year. For this item, in	ndicate the actual	amount of the tran	operty transferred in saction, even if it is	the City and County of Hono less than the value (as in the	olulu during the preceding cale e case of a gift).
ALL SHOW LY	dditional sheets a	ttached		<b>T</b>	
Seller/Donor B	uyer/Donee	Date	Price	Tax Map Key Nu	umber & Street Address
		;			